Fill	in this information	to identify your case:		111/11/11//	717 77		72/.	Check one bo	ox only as directed in th	is form and in
D	ebtor 1	Kendra	Anne	Lebo				_	••	
		First Name	Middle Name	Last Name			-	✓ 1. There is	no presumption of abu	ise.
	ebtor 2 pouse, if filing)	First Name	Middle Name	Last Name			-	of abuse a	culation to determine if pplies will be made und st Calculation (Official F	der Chapter 7
	aite d Otata a Damluu			ern District of	Ponnevlvani	2			,	,
		uptcy Court for the:	Last	erri District or	emisyivam	<u>а</u>	-		ans Test does not apply I military service but it o	
_	ase number known)	24-10303						☐ Check if the	nis is an amended filing	
Of	ficial Form	122A-1								
Cł	napter 7 S	Statement	of Your	Curren	t Mont	hly l	Inco	me		12/19
attac and beca with	ch a separate shee case number (if kn ause of qualifying this form.	et to this form. Includ nown). If you believe	e the line number that you are exen plete and file <i>Sta</i>	r to which the a	additional in resumption	formation of abuse	n applies. because	On the top of you do not ha	ing accurate. If more s any additional pages, ave primarily consume 707(b)(2) (Official Forn	write your name r debts or
1.		ital and filing status?								
		Fill out Column A, line								
	_	our spouse is filing v our spouse is NOT fi	•			2-11.				
	_	the same household				olumn A	and R lin	nes 2-11		
									ng this box, you declare	
	under pe	nalty of perjury that your living apart for reasons.	ou and your spous	se are legally s	eparated und	ler nonba	ankruptcy	law that applie	es or that you and your	
10 va ex	01(10A). For examparied during the 6 m	ple, if you are filing or nonths, add the incom	n September 15, the for all 6 months	ne 6-month per and divide the	iod would be total by 6. F	March 1	through a	August 31. If the not include ar	ile this bankruptcy cas ne amount of your mon ny income amount more ye nothing to report for	thly income than once. For
							Colui Debt		Column B Debtor 2 or non-filing spouse	
2.	Your gross wage deductions).	s, salary, tips, bonus	es, overtime, and	commissions	(before all p	ayroll		\$0.00		_
3.	. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.							\$0.00		
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.							\$0.00		
5.	Net income from or farm	operating a business	s, profession,	Debtor 1	Debtor 2					
	Gross receipts (be	efore all deductions)		\$5,251.09						
	Ordinary and nec	essary operating expe	enses	- \$1,334.28						
	Net monthly incor	me from a business, p	orofession, or farm	\$3,916.81		Copy here →		\$3,916.81		
6.	Net income from	rental and other real	property	Debtor 1	Debtor 2					
		efore all deductions)		\$0.00	DODIOI Z					
	. `	essary operating expe	enses	- \$0.00	-					
		- '		\$0.00		Сору				
	Net monthly incor	me from rental or othe	er real property	φυ.υυ		here →		\$0.00		
								\$0.00		

Debtor 1

	First Name Middle Name	Last Name			
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	8. Unemployment compensation	\$0.00		_	
	Do not enter the amount if you contend that the amounder				
	the Social Security Act. Instead, list it here:	↓			
	For you	\$0.00			
	For your spouse				
	9. Pension or retirement income. Do not include any a benefit under the Social Security Act. Also, except as do not include any compensation, pension, pay, annu United States Government in connection with a disability, or death of a member of the uniformed servetired pay paid under chapter 61 of title 10, then include it does not exceed the amount of retired pay to wentitled if retired under any provision of title 10 other 10. Income from all other sources not listed above. Sp. Do not include any benefits received under the Sociar received as a victim of a war crime, a crime against domestic terrorism; or compensation, pension, pay, the United States Government in connection with a injury or disability, or death of a member of the unifolist other sources on a separate page and put the to	s stated in the next sentence, uity, or allowance paid by the bility, combat-related injury or vices. If you received any lude that pay only to the extent which you would otherwise be than chapter 61 of that title. pecify the source and amount. ial Security Act; payments humanity, or international or annuity, or allowance paid by disability, combat-related ormed services. If necessary,	\$0.00		
	Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add each column. Then add the total for Column A to the	e total for Column B.	+ \$3,916.81	+	= \$3,916.81 Total current monthly income
	nrt 2: Determine Whether the Means Test Applie				
12.	Calculate your current monthly income for the year. Follo	ow these steps:			
	12a. Copy your total current monthly income from line 11.			Copy line 11 here →	\$3,916.81
	Multiply by 12 (the number of months in a year).				x 12
	12b. The result is your annual income for this part of the		12b.	\$47,001.72	
13.	Calculate the median family income that applies to you.			·	
	Fill in the state in which you live.	ennsylvania			
	Fill in the number of people in your household.				
	Fill in the median family income for your state and size of I To find a list of applicable median income amounts, go onl instructions for this form. This list may also be available at	line using the link specified in the		13.	\$64,277.00
14.	How do the lines compare?				
	14a. Line 12b is less than or equal to line 13. On the to Go to Part 3. Do NOT fill out or file Official Form 1	op of page 1, check box 1, <i>There</i> 22A-2.	is no presumption of ab	use.	

Go to Part 3 and fill out Form 122A-2.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2.

Debtor 1

Filed 02/14/24 Entered 02/14/24 16:40:28 Desc Main Case number (if known) 24-10303 Case 24-10303-amc Anne Doc 10

First Name

Middle Name

Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.



X /s/ Kendra Anne Lebo

Signature of Debtor 1

Date 02/14/2024

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.